ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		1F	301
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	WM	865	04-06-01
RESPONSE FORMALITY REVIEW	MH	615	09-26-01

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date						Claim		Date						Claim		Date					
Final	Original							Final	Original							Final	Original							
	1								51								101							
	2								52								102							
	3								53								103							
	4								54								104							
	5								55								105							
	6								56								106							
	7								57								107							
	8								58								108							
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	11								61								111							
	12								62								112							
	13								63								113							
	14	✔ ✔							64								114							
	15								65								115							
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	22								72								122							
	23								73								123							
	24								74								124							
	25	✔ ✔							75								125							
	26	✔							76								126							
	27								77								127							
	28	✔							78								128							
	29	✔							79								129							
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	46								96								146							
	47								97								147							
	48								98								148							
	49								99								149							
	50								100								150							

If more than 150 claims or 10 actions
staple additional sheet here

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